# **Social Issues: Old Age and Disability**

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# Old Age-Introduction

A person's life is normally divided into five main stages namely infancy, childhood, adolescence, adulthood and old age. Old age is an integral part of human life cycle and aging is a natural process which all human beings go through. This stage is considered as an unavoidable, undesirable, unwelcome and problem ridden phase of life. Everyone has to go through the trials and tribulations associated with this phase, since one becomes dependent due to one's physical infirmity. Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities.

#### Box 1

## The global scenario of the elderly population:

Aging population is the most challenging demographic phenomenon worldwide in the 21<sup>st</sup> century. According to the United Nations, World Aging Population Projection predicts that the world population will increase from 6.5 billion to 9.1 billion by 2050.

### The Elderly in India:

In India, the persons above 60 years were only 1.9 crore in 1947 whereas their number went up to 10 crore (10% of the total population) by 2001 and is expected to go up to 15 crore by 2020. The size of the elderly population has risen from 12.1 million in 1901 to approximately 77 million in the Census 2001. According to official population projections, the number of elderly persons will rise to approximately 140





- The UN agreed cut off is 60+ years to refer to the older population. In most contemporary Western countries, 60 or 65 is the age of eligibility for retirement and old-age social programs.
- However, in the Indian context, the age of 60 years has been adopted by the census of India for the purpose of classifying a person as old, which coincides with the age of retirement in government sector.

# Signs of Old Age

 Certain physical signs mark an individual as old. Tooth decay, balding or gray hair, hunched back, wrinkles, hearing loss, vision impairment, cognitive slowing, slow pace of walk are all signals that one is becoming old.





- Certain age-related chronic diseases such as arthritis, high blood pressure, high cholesterol, diabetes, heart disease etc.
- Changing social roles, such as, retiring from full-time employment, becoming a grandparent, drawing a pension, being considered incompetent by the society.

# Gerontology

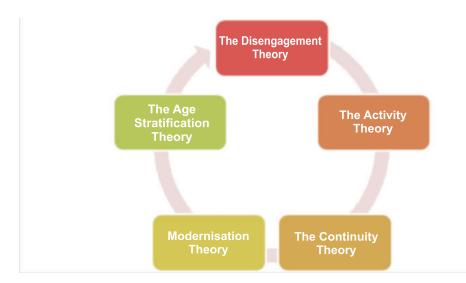
**Gerontology** is a field of science that aims to understand the process of aging and the challenges encountered as people grow old. Gerontologists investigate age, aging, and the aged. Social gerontology refers to a specialised field of gerontology examining the social (and sociological) aspects of aging.

### **Activity 12.1**

You must have seen many advertisements which highlight the notion that people may look and feel a different age than their actual years with the help of cosmetic surgery and other related offers. This may provide a 'young look' to the old.

- i) Search and find such advertisements.
- ii) Find out the pros and cons of cosmetic surgery.

# **Theories Pertaining to Ageing**



- The Disengagement Theory views aging as a process through which society and the individual gradually withdraw or disengage from each other. There is
  - transfer of power from the old to the young making it possible for society to continue to function.
- The Activity Theory asserts that in order to be happy in old age, individuals need to be active. It argues that if existing roles and relationships are lost it is important to replace them. Replacement to roles and relationships is necessary because when activity level drops, there is corresponding drop in level of satisfaction.

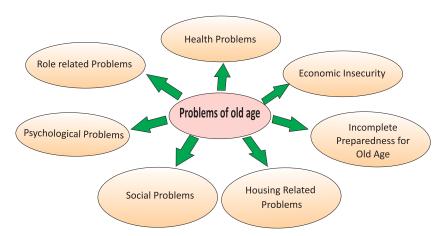
### **Activity 12.2**

Divide the class into two groups and discuss following questions and make a report on it.

- 1. Discuss the problems which are encountered by the old age people.
- 2. What values needs to be inculcated in the society for the betterment of old age population?
- The Continuity Theory is also known as the Development Theory. It states that old people try to preserve and maintain internal and external structures by using strategies that maintain continuity. Continuity theory has excellent potential for explaining how people adopt to their own aging.
- Modernisation Theory holds that elderly persons typically fail to change to satisfy the norms of the modernisation process like material economy, achievement orientation, technological maturity etc.
- The Age Stratification Theory provides a basis for explaining whatever forms and levels of inequality might exist between the young and old in given societies. According to this theory, the relative inequality of the aged at any given time and in any cultural situation depends upon two types of experiences: their typical life course experiences, due mostly to the physical and mental changes that take place and the historically based experiences they have as part of the age cohort to which they belong.

# **Depiction of Old Age Problems in an Indian Film**

The Hindi film Piku explores the relationship between an elderly father and his daughter on whom he depends completely. Almost every Indian caring for the elderly at home could identify with the dichotomy and dilemma faced by young Piku who is trying to balance her career and personal life while caring for a dominating, and at times, hypochondriac father, whom she loves but whose oldage antics prove to be a constant stress in her life. Most of young Indians is grappling with geriatric care issues. If we go by the United Nations Population Fund report, they are set to become worse. The report projects that the number of people over 60 will increase from around 100 million now to more than 300 million by 2050 putting an additional strain on families, health and welfare services.



# **Problems of Old Age**

Ageing is the natural stage of human life and it brings with it innumerable difficulties for the people who have grown old. These problems can be put under the sub-heads of health, economic insecurity, physiological and housing problems and elder abuse.

#### **Health Problems**





During the course of old age, metabolism processes slow down. People become weak both physically and mentally. They are more prone to sickness, diseases, syndromes, etc. The immunity of a person diminishes. Older people are mostly vulnerable to non-communicable diseases. Declining health due to increasing age is complicated by non-availability of good quality age-sensitive health care for a large proportion of older persons. In addition to this, lack of information and knowledge in combination with high costs of disease management puts old-age care beyond the reach of older persons, especially those who are poor and disadvantaged.



### **Economic Insecurity**

This problem arises when the elderly are unable to sustain themselves economically. They either lack the capacity to be productive or are negatively affected by the declining opportunities for productive employment. Retirement and reduced income tend to create a feeling that one's usefulness is essentially over and activities are restricted. They lose their status, face sluggishness in physical and mental abilities, decrease in access to resources, and suffer from lack of awareness about the rights and entitlements with changing times. Hence, they may have to face financial insecurity at that age.

### Lack of Preparedness for Old Age

Majority of the people enter old age with very little or no awareness of what it is about to befall them. While demographically the age of 60 years is acknowledged as the time when a person can be called a senior citizen, however, there is no other clear indicator available to the people belonging to this category. Each individual has a different trigger point after which s/he feels that s/he is physiologically and functionally old enough. This trigger point can be before or after 60 years of age. In India there is absence of formal awareness programs that prepare people for old age. This problem of lack of preparedness can be prevented through an initiative to spread awareness that should be started within the work place where Human Resource Department needs to take an active role in preparing employees to face retirement and deal with old age issues. For those who work in unorganised sector or are self-employed, this work or awareness generation can be done by government departments or NGOs.

# **Housing Problems**

Housing for elderly should be suitable not only to the living pattern which they have established in optimum health, but also to conditions of failing health and illness. Majority of housing that is there for elderly may be found not adequate and not suitable to their needs. The sizeable populations of elderly widows and elderly males have been facing problem of shortage of a quiet place to live in. A common complaint of many elderly is the feeling of loneliness and sense of being isolated within their own homes. In most cases isolation is imposed purposefully by the families or communities where the old age people live in.

#### **Social Problems**

Change in socio-economic status adversely affects the individual's way of life in old age. Changing lifestyles and values, job culture, various means of distractions like the internet, television, societal shift such as nuclear family structures and redefined priorities have led to increased neglect of the elderly by families or communities. Consequently, a feeling of isolation sets in among them. The aged believe that old age has affected their role in the family and society. They feel that they are not consulted by the family members while making decisions and ignored by the society because of their physical illness and economic dependence.

### **Psychological Problems**

With the onset of old age the mindset of the elderly also changes. First of all, the fear of facing unpredictable old age problems is faced by elderly persons. Idleness is another issue since the aged are made to believe that they are not physically productive or useful. This leads to low self-esteem, withdrawal from responsibilities and depression. All this has a huge negative emotional impact on a person's life.

#### **Role related Problems**

With the onset of old age several roles are lost or restricted. Although the elderly become weak but they are not keen to let go and relinquish their authoritative position in the family and still want to be key decision makers of family matters and business issues. The younger generation in the family starts imposing their decisions over them. This may create tension in the family and conflict between the young and old generation.

# Remedial Measures for the Problems of the Elderly

Today, all the developed countries have undertaken various social, legislative, reformative and welfare measures to protect the interests of the old people.

Old Age Homes: Due to severe adjustment problems with the family members the elderly are left to sustain by themselves after being neglected by their own children. Such old people many a times suffer from emotional problems and depression. They can, however, take shelter in Old Age Homes which are found in many countries across

- the world and provide physical protection, medical aid and economic security to the old.
- Welfare Schemes: In global era various welfare schemes have been started to give protection to the elderly such as old age allowance, pension, accidental benefits, free medical aid etc. In order to provide economic security various labour legislations and welfare schemes have been introduced which include provident fund, gratuity, life insurance, etc.



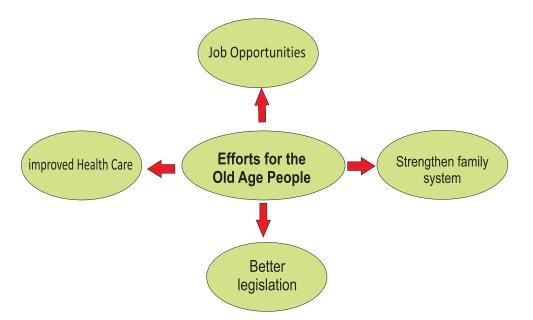




- **Job Opportunities**: Various measures have been taken to benefit the elderly of the society. However, it is required that even after retirement, those who are able to be productive for the society, be provided with suitable job opportunities. This way, society can make best use of their services and professional experiences.
- Stronger Family Care System: Efforts should be made to strengthen the family care system because the preferred source of support for

the aged is still the family, which is an informal system where the notion of care is embedded within a tradition of social obligations that are understood and reciprocated. The reciprocal care and support within multi-generational families of parents, grandparents and children should be encouraged. Traditional values of filial obligations can also be reinforced in school curricula and through the media.

• **Effective Legislation**: There is a need for effective legislation for parents' right to be cared for by the children.



• Improved Health Care System: The existing health care systems are not sufficient to meet the physical and health needs of the ageing population. Issues such as old age security, establishing old age homes, expanding geriatric services and liberalising the welfare policy for older persons need to be focused upon. It is also essential to increase public awareness about the need for protection of this sub-group. There is a great need to protect the target group.

# Government's Role in the Rehabilitation of the Aged

Since independence the Indian government has been committed to supporting the old people in our society with certain interventionist welfare methods. The year 1999 was declared by the UN as the International Year of Older Persons, followed on 13th Jan 1999, by the Government of India approving the National Policy for Older Persons for accelerating welfare measures and empowering the elderly in ways beneficial to them. Maintenance and Welfare of Parents and Senior Citizens Act, 2007 provides legal sanctions to the rights of the elderly. In addition, constitutional provisions for old age security, old age pension, establishing old age homes, expanding geriatric services, liberalising housing policy for elders have also been undertaken.



# **Social Security Benefits**

In the context of changing intergenerational relationships, economic dependence on children is a major factor determining the quality of life of the elderly. As such, social security by the state assumes great importance. Unfortunately, at present, there is very little in terms of social security from the

state in India. Only those who work in the public sector or for large private companies have benefits such as pensions and provident funds. However for the 90 per cent of elderly persons who work in the informal sector, there are scarcely any benefits. The only available benefits for the poor are:

# Do you know?

United Nations Celebrates (UN) International Day of Older Persons annually on October 1 to recognise the contributions of older persons.

- a. The National Old Age Pension of 75 rupees per month, which is universal but available only to destitute people over the age of 65 years.
- b. Various state schemes, with benefits ranging between Rs.60 to Rs. 250 per month, meant generally for people aged 65+ and below the poverty line, and
- c. Benefits for widows below Rs. 150 per month.

With the constantly increasing cost of health care and housing, these benefits fall far short of supporting even minimal basic needs. The right of parents without any means of their own to be supported by their children has been recognized by section 125(I) (d) of the Code of Criminal Procedure 1973, and section 20 (3) of the Hindu Adaptation and Maintenance Act, 1956. More recently, in 1996, the Government of the state of Himachal Pradesh passed the Parents' Maintenance Bill requiring children to take care of parents with no means and to provide assistance to those neglected by their children. The Governments of Maharashtra, Goa and others are in the process of passing similar bills.

### **National Policy for Older Persons**

The central government came out with the National Policy for Older Persons in

1999 to promote the health, safety, social security and well being of senior citizens in India. The Policy recognises a person aged 60 years and above as a senior citizen. This policy strives to encourage families to take care of their older family members. It also enables and supports voluntary and non-governmental organisations to supplement the care provided by the family and provide care and protection to vulnerable elderly people.

### **Components**

- Support for financial security
- Health Care
- Shelter
- Welfare and other needs of older persons
- Protection against abuse and expolitation
- Opportunities for development of the potential of older persons
- Improving quality of life

The policy has identified a number of areas of intervention – financial security, healthcare and nutrition, shelter, education, welfare, protection of life and properly etc. for the wellbeing of older persons in the country. The main objective of this policy is to make older people fully independent citizens.

This policy has resulted in the launch of new schemes such as:

- 1. Strengthening of *primary health care system* to enable it to meet the health care needs of older persons
- 2. *Training and orientation* to medical and paramedical personnel in health care of the elderly.
- 3. Promotion of the *concept of healthy ageing*.
- 4. Assistance to societies for production and distribution of material on *geriatric care*.
- 5. Provision of *separate queues and reservation* of beds for elderly patients in hospitals.
- Extended coverage under the *Antyodaya Scheme* with emphasis on provision of *food at subsidised rates* for the benefit of older persons especially the destitute and marginalised sections.

Most importantly, however, there is need for the elderly to remain active, to believe that they still have a part to play in the family or community, and that they

# **Disability**

There are more than one billion people in the world who live with one or the other form of disability. Many of us have people with disabilities as friends or family, who have difficulties in day to day life. People with disabilities are subject to multiple deprivations with limited access to basic services, including education, employment, rehabilitation facilities etc. Additionally, widespread social stigma plays a major role in hindering their normal social and economic life.

The term disability carries with it a connotation of a lack or deficiency whether mental, physical or sensory. It has been defined primarily in terms of medical deficit. Moreover the word disability is itself not a homogenous category as it includes different kinds of bodily variations, physical impairments, sensory deficits and mental or learning inadequacies which may be either congenital or acquired.

#### **Definitions**

According to World Health Organization (WHO), "Disability is an umbrella term, covering impairments, activity limitations and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or activity; while a participation restriction is a problem experienced by an individual in involvement in life situation."

WHO (1980) established the International Classification of impairment, disability and handicap.

**Impairment**: It refers to the loss or abnormality of psychological, physical or anatomical structure or function at the system or organ level that may or may not result in disability. Disability refers to an individual limitation or restriction of an activity as the result of impairment.

**Disability**: It implies the consequences of impairment in terms of functional performance and activity, e.g., a person who has an optic nerve or retinal damage would have limitations in doing or performing those tasks that require the use of eyesight.

**Handicap**: It refers the disadvantage to the individual resulting from an impairment or disability that presents a barrier to fulfilling a role or reaching a goal. Handicap is the restriction resulting from a disability viz. a man in a wheelchair has a disability but is handicapped only when he needs to enter a building that has steps but no ramps or lift. Thus disability is a complex phenomenon reflecting an interaction between feature of a person's body and features of society in which he or she lives.



# Magnitude of Disability in India

• Disabled persons constitute about 2% of the total population in our country.

### Box 2

Many among you must have seen the movie 'Tare Zameen Par" or 'Iqbal'. Did you empathise with the differently-abled child shown in movie or did you have pity on their limitations. The roots of such attitudes lie in the cultural perception that views an impaired body as a result of fate. Destiny is seen as the culprit and disabled people are the victims. The words impairment, disability and handicap are often used interchangeably.

- UNICEF's Report on the status of the Disability in India 2000 states that there are around 30 million children in India suffering from some form of disability.
- The sixth All India Educational Survey (NCERT 1998) reports that out of India's 200 million school age children (6-14 years) 20 million require special needs education. In the past few years focus on children and disabilities has resulted in greater awareness and increased sensitivity towards these children.

## **Types of Disability**

Disabilities have been classified into the following categories:

- 1. Locomotor Disability: The PWD Act refers to locomotor disability as a disability of the bones, joints or muscles leading to substantial restrictions of the movement of the limbs or any form of cerebral palsy.
- 2. Visual Disability: Visual Disability or low vision is divided into two categories, the blind and the partially sighted. The PWD Act describes that person with low vision as one who has impairment of visual functioning even after treatment or standard refractive correction but uses or is

- potentially capable of using vision for planning or execution of tasks with appropriate assistive device.
- **3. Hearing Disability**: People who cannot hear sounds at or above a certain intensity (loudness) level are classified as deaf or hard of hearing.
- 4. Mental Disability: This manifests before the age of 18 years and refers to substantial limitations in present functioning. It is characterised by significantly sub-average general intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work.



5. Speech Disability: Persons, who cannot speak, speak limited words or with loss of voice or with stammering voice are classified as being speech disabled.

# **Causes of Disability**

Generally main causes of disability are:

- Malnutrition
- Disease
- Congenital factor
- Accident
- Exposure to chemical substance
- Stress

## **Social Model of Disability**

In this model, disability is understood as an unequal relationship within a society in which the needs of people with impairments are given no consideration. These barriers prevent them from getting equal access to information, education, employment, public transport, or social recreation. The social model of disability sees the issues of disability as socially created problem. It considers social action and collective responsibility of society at large to make the environmental modification, necessary for the full participation of persons with special needs in all areas of social life. This includes measures such as:

- · Creating buildings that are accessible
- Producing information in accessible formats
- Challenging stereotypes and assumptions
- People with special needs doing things for themselves
- People with special needs having full rights under the law